Treading lightly

A telling hesitation lingers among many service members as 'Don't Ask' finally dies

By J. Adrian Stanley

They still won't give their last names.

It's the night of a historic Sept. 20, and about 75 people have gathered at the Underground bar downtown, including enlisted men and women. These soldiers are here to celebrate the end of "Don't Ask, Don't Tell," and the beginning of a professional life lived with newfound openness.

Music is blasting; red, white and blue balloons hang above; the main bar hustles with mingling crowds. Tables of friends jabber and a few people attempt pool games. Upstairs, on the deck, every table is full.

The service members here seem happy, even relieved. And yet, in the same breath that they tell you being gay in the military isn't a big deal anymore, most will tell you they have no intention of coming out to their unit.

Bryan Oller

Andrew DeHalas (left), a civilian, celebrates the end of DADT with partner Akoni, who is entering the Navy.

Dustin, a Army soldier in his mid-20s who has fought in Iraq and Afghanistan, guarded the U.S.-Mexican border as a member of the National Guard, and been on tour in Korea, says simply, "I like to keep my work and private life separate."

Dustin says he's seen other soldiers "outed" over the years. He's been outed himself before, and some of his colleagues have known he's gay. (This is true for every soldier consulted for this story.) But, he says, he's never seen anyone dismissed from the Army for being gay.

Asked why he won't go public with his full name now, Dustin only says that some in his unit "are still ignorant."

Shawn, a 25-year-old Army Reservist who wants to be a career military man, mostly echoes Dustin's sentiments. He's already an active member of OutServe, an organization dedicated to gay and lesbian service members, and says he harbors no fear about being outed. But at the same time, he's not about to come out on his own.

Asked why he and others feel this way, he says, "I think people don't want to deal with the awkwardness, I guess."

A historic moment

DADT was a relic of President Bill Clinton's compromise to end a ban on gays serving in the military, which dated to the days of President Harry Truman. President Barack Obama promised in his campaign to get rid of DADT, and was successful despite Republican resistance.

Dave, 45, has been in the Navy for 23 years, meaning he entered when gays were banned from the military, saw DADT passed, and now has seen it repealed.

He remembers being pleased with DADT initially — "It was even worse before, so it was cool that nobody asked" — but now he can finally bring his partner to the Christmas party.

"It's just really nice that we don't have this burden on us," he says.

For Lawrence, 23, who's in the Air Force, the repeal means something different: finally telling his office the truth about himself.

"I'm basically going to turn around and say, 'Who doesn't know that I'm gay?'" he says.

Angie Edwards, 40, the partner of an Air Force major who flies into combat zones to rescue wounded soldiers, notes that she can finally be an emergency contact for her girlfriend, that she can pay her partner's bills when she's deployed overseas, and that they can cuddle at an Air Force football game.

Meanwhile, a 21-year-old man named Akoni, jovial and clad in his friend's Army uniform, says he's joining the Navy. Akoni comes from a military family — actually, that's why he doesn't want his last name used — but he's never had to serve in secret. And now he never will.

Asked whether he'll be out in the Navy, he says, "I'm gonna be myself ... I'm gonna be out and open."

Around the nation

Tuesday morning, messages heralding the appeal were filling inboxes. From local gay organizations to U.S. Sen. Mark Udall, everyone wanted a piece of the celebratory action.

President Barack Obama's campaign manager put "It's finally over" in the subject line of his e-mail, which included a video of gay and lesbian former and current service members talking about how difficult it was to serve while leading "second lives." Many of the discharged ones wanted to re-enlist — a point the video painted with teary-eyed patriotism.

The clip didn't mention that none of the 14,000 or so men and women discharged under DADT will be given preference in re-enlisting.

Obama's campaign certainly wasn't alone in focusing on the positive. OutServe, for instance, publicized a recently conducted a survey of its membership, all gay and lesbian service members, on its website.

Among 533 responders, a whopping 78 percent indicated they were already "out" to at least some people in their unit. Two-thirds said they would "definitely" or "likely would" take their partner to a unit event — roughly the same number who expected colleagues to treat them with "universal" or "general" respect.

Elsewhere online were tales of long-delayed same-sex weddings and heartfelt accounts of service members coming out.

One such story was collected on a Twitter chain set up by Udall. A linked video shows a nervous young soldier calling his father in Alabama to admit that he's gay.

"Do you still love me?" the young man asks, his voice shaky.

"I still love you, son. ... It doesn't change our relationship," his father's voice says over the phone.

"You hear me? It doesn't change our relationship."

Across the country, men and women are waiting to see if the same will hold true with their comrades in arms. That is, if they choose to tell them.

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CitySage

By John Hazlehurst

The next bubble: health care

Some time ago I was chatting with a recently divorced friend who was mad at her ex, a Denver orthopedic surgeon.

"He doesn't want to pay for the kids' tennis lessons," she said, "and that's part of the divorce agreement, and it's not as if he can't afford it. He makes plenty!"

"How much is plenty?" I asked.

"Oh, he makes about $80,000," she replied.

I was stunned. "You mean an orthopedic surgeon only makes 80 grand?"

"I meant a month."

Oh.

My friend was also irritated by the rapid depreciation of the marital residence, a Denver McMansion on the market for more than a year.

"I tried to stick him with that turkey, but he was too smart for that. We've taken a $500,000 hit so far, and we might have to short-sale it or just give it back to the bank. We got caught in the real-estate bubble, I guess."

The numbers have to come down — but how?

We've all been touched by that bubble, but maybe there's another one about to burst — the health care-cost bubble.

My friend's ex makes a million a year, mostly repairing creaky knees and joints of guys like me who think they still should be able to run up Pikes Peak. It's a specialty that didn't exist a generation ago, treating conditions and ailments our grandparents had to live with, using tools and procedures that physicians of another era couldn't have imagined.

That's progress, and if you have the cash and/or the comprehensive insurance policy, it's great. But if you're on the wrong side of the health care equation, you're SOL. No knee operations for you. And, because of the extraordinary, accelerating costs of everything associated with health care, basic palliative health care is either unavailable or unaffordable.

Let's compare some numbers. According to economist **Robert Shiller**, inflation-adjusted prices of standard existing single-family houses in selected U.S. markets grew from $110,000 to $200,000 between 1998 and 2006. It was a classic bubble, which was predicted, analyzed and warned against even as it expanded. The aggregate assets of American households increased by trillions, which disappeared soon after the bubble popped.

How many of us are still stuck with that turkey? We're still making payments on an underwater mortgage, still paying off a home-equity loan, still hoping that the market will recover and bail us out.

Now consider health care costs, which, according to the government, have increased ten-fold (not inflation-adjusted) in 30 years, from $253 billion in 1980 to $2.5 trillion in 2009. Between 2008 and 2009, costs increased by $200 billion — during the worst recession in modern American history.

You don't have to be an economist to realize those figures are unsustainable. The numbers have to come down. But how?

In real estate, property owners who are heavily leveraged and/or overinvested go down — i.e., developers. In health care, the biggest cost centers may be the most vulnerable. That means hospitals, which account for 31 percent of all health care expenditures.

If you think you see a bubble about to burst, what do you do? You sell. If you're fast, lucky and smart, you make a profit.

That brings us to Memorial Health System. Those who want to sell Memorial to a private operator, rather than transferring it to a nonprofit, are not necessarily right-wing ideologues pushing privatization of city-owned assets, regardless of context. Some of the smartest people in our community (e.g., **Bill Hybl** and **Steve Bartolin**) see some city enterprises as time bombs, marketable entities that should be monetized before they become valueless.

The time to sell Memorial may have passed, thanks to sluggish local government decision-making. The system is losing value, so we may never have to make the pleasant choice between netting $250 million from a sale or turning over the system to a new, locally controlled nonprofit. At least that task force is considering the alternatives now.

Maybe we'll be in the position of my friend and her ex, making payments on an asset they could have dumped for a windfall — if they hadn't been slow. Maybe the health care bubble will burst, and hospitals and specialists alike will take big hits.

But that's OK by me — I got my knees fixed 10 years ago.

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